

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Benefits and drawbacks of videoconferencing for collaborating multidisciplinary teams in regional oncology networks: a scoping review
AUTHORS	van Huizen, Lidia; Dijkstra, Pieter; van der Werf, Sjoukje; Ahaus, Kees; Roodenburg, Jan

VERSION 1 – REVIEW

REVIEWER	bernard, alain CHU DIJON, Thoracic surgery
REVIEW RETURNED	12-May-2021

GENERAL COMMENTS	<p>This work deserves to be published but it needs to be improved on the form. Faced with the amount of information, we have great difficulty drawing conclusions. Shouldn't the result paragraph be restructured?</p> <p>For example a first part could include the description of the studies in particular the quality. Table 1 could be placed in the appendix. The second part which includes the synthesis should be improved to highlight the main results.</p>
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REVIEWER	Yang, Ying-Ying Taipei Veterans General Hospital
REVIEW RETURNED	04-Jun-2021

GENERAL COMMENTS	<p>bmopen-2021-050139</p> <p>Various forms of video-conferenced collaborations exist in oncology care. In regional oncology networks, multidisciplinary teams (MDTs) are essential in coordinating care in their region. However, there was no recent overview of the benefits and drawbacks of video-conferenced collaborations in oncology care networks. In response, this scoping review presents an overview of videoconferencing (VC) in oncology care networks and summarises its benefits and drawbacks in terms of decision-making and care coordination. VC is a highly useful communication platform for various types of collaboration in oncology networks and improves decision-making over treatment plans and care coordination, with substantial benefits for patients and specialists, but involves additional time and administrative preparation.</p> <p>The scoping review summarises the benefits and drawbacks of videoconferencing (VC) in oncology care networks in decision making and care coordination. The paper is interesting and well-written. There are some minor comments on the paper.</p>
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	<p>1. A scoping review is a relatively new approach to evidence synthesis and differs from systematic reviews in its purpose and aims. As such, in the introduction, authors can provide a brief introduction of scoping review to improve the readability of this article.</p> <p>2. The major disadvantage of this article is the many abbreviations throughout the manuscript. A better presentation (summary) and explanations of these abbreviations should be given rather than only in the footnote of the table.</p> <p>3. In the introduction section, it is mentioned that “It then focused on those MDTs that discuss diagnostic and treatment plans, and coordinate care within their regional oncology network” which is followed by the research question about the research question, “What benefits and drawbacks of videoconferencing are perceived by MDTs in coordinating care in their regional oncology network?”. However, throughout Table 2 to Table 4, all characteristics, benefits, and drawbacks of more than 1 types of team collaboration in oncology care were included. It seems that not only the reviewing results for MDTs is presented.</p> <p>4. The scoping review include only qualitative review. It seems that no quantitative studies were included. If this is the case, it should be mentioned in the title and also in the inclusion or exclusion criteria.</p>
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REVIEWER	Liau, Winston University of New South Wales Saint George and Sutherland Clinical School
REVIEW RETURNED	17-Jun-2021

GENERAL COMMENTS	thorough and timely review of this area with findings that meet face validity. Also of relevance in view of COVID. No particular criticisms
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VERSION 1 – AUTHOR RESPONSE

Authors reply to reviewers comments (see below):

Authors reply to reviewer 1:

Dear reviewer, dear Prof. dr. Bernard, thank you for your statement that our work should be published.

We reflected on your comments in the table below.

no	reviewer comment	reply author	changes in document
1	Faced with the amount of information, we have great difficulty drawing conclusions. Shouldn't the result paragraph be restructured?	We restructured the results section to clarify the results and increase readability.	Changes were made on page 9 to clarify the main results. We removed detailed analysis of the first four types.
2	For example a first part could include the description of the studies in particular the quality.	We respectfully disagree with the reviewer that the quality of the studies could be included. In scoping reviews developed by the Joanna Briggs Institute, no quality assessment is conducted. A scoping review is about mapping of all results on a subject without judging the quality of the paper (see Grant, Booth, et al. 2005, Weeks	We added in the introduction on page 4: They typically do not include a process of quality assessment.

no	reviewer comment	reply author	changes in document
		& Strudsholm, 2008).	
3	Table 1 could be placed in the appendix.	We placed table 1 in the supplementary files.	Table 1 is now Supplement 5.
4	The second part which includes the synthesis should be improved to highlight the main results.	We thank the reviewer for his comment. The second part of the synthesis has been rewritten and better structured which has improved the readability of the manuscript.	Changes were made on page 9 to clarify the main results; we highlighted parts that were removed from page 9. We adapted Table 2 on page 10 to show the main results more comprehensively.

Authors reply to reviewer 2:

Dear reviewer, dear Prof. Dr. Yang, thank you for your compliment on the conduct of our study. We reflected on your comments in the table below.

no	reviewer comment	reply author	changes in document
1	A scoping review is a relatively new approach to evidence synthesis and differs from systematic reviews in its purpose and aims. As such, in the introduction, authors can provide a brief introduction of scoping review to improve the readability of this article.	We agree with the reviewer that a scoping review is not as well-known as systematic reviews (see Munn et al, 2018; Grant, Booth, et al. 2009; Colquhoun et al, 2014).	We added in the introduction on page 3: Scoping reviews are used to identify, retrieve and summarize literature relevant to a particular topic. They aim to identify and map the key concepts underpinning a research area, the main sources and types of evidence available.
2	The major disadvantage of this article is the many abbreviations throughout the manuscript. A better presentation (summary) and explanations of these abbreviations should be given rather than only in the footnote of the table.	Where possible we have changed the abbreviations in the full text. For the convenience of the reader, we have included an abbreviation table at the end of the manuscript with abbreviations and full explanations and referred to it in the introduction. In Table 1, that is now Supplement 5, we give the legend for the sake of readability both above and below the table. For all other tables we put the legend after the title of the table.	A list of abbreviations was added on page 21, we referred to it in the introduction on page 3. Table 1 has been put in the supplementary files (supplement 5); for readability we give the legend above as well as below the table. All legends were placed above the tables.
3	In the introduction section, it is mentioned that "It then focused on those MDTs that discuss diagnostic and treatment plans, and coordinate	We focused on the in-depth analysis of the two types of VC: MDT-Equal and MDTM-Collaborate, this is a	Changes were made on page 9 to clarify the main results; we marked the parts that were removed from page 9. We

	care within their regional oncology network” which is followed by the research question about the research question, “What benefits and drawbacks of videoconferencing are perceived by MDTs in coordinating care in their regional oncology network?”. However, throughout Table 2 to Table 4, all characteristics, benefits, and drawbacks of more than 1 types of team collaboration in oncology care were included. It seems that not only the reviewing results for MDTs is presented.	<p>consequence of the focus (MDTs) of our research questions. Table 2 was made more comprehensive.</p> <p>Details of analysis of the first four types were removed from the results and from the discussion (see marked-up text) to clarify the results.</p>	<p>adapted Table 2 on page 10 to show the main results more comprehensively.</p> <p>We removed some text from the discission (change is marked). Table 1 is now Supplement 5; we removed for the first four types the details on benefits and drawbacks to clarify results.</p>
4	The scoping review include only qualitative review. It seems that no quantitative studies were included. If this is the case, it should be mentioned in the title and also in the inclusion or exclusion criteria.	<p>We included RCTs (2 papers from Kunkler et al.) and pre-post-designs with surveys for participants of VC-MDTMs. Several papers described VC implementation projects with quantitative data, surveys, costs, throughput times, etc. and qualitative data, quotes from interviews, description of collaborations, etc.. In this way we followed the handbook of the Joanna Briggs Institute regarding scoping reviews.</p> <p>As both qualitative and quantitative papers are included, we did not change the title of the manuscript.</p>	We have added to the sentence on page 6 that describes the studies that were included to clarify the type of papers which we have included. ‘Four prospective studies of which 2 randomized controlled trials were included. Qualitative research methods (e.g. interviews and participating observations) and quantitative methods (e.g. surveys and database analysis) and as well as mixed methods were applied in the studies.’

Reviewer: 3

Dear reviewer, dear Prof. Dr. Liauw, we thank you for your advice to publish our manuscript and for indicating the relevance of the paper in COVID-time. Thank you for your compliments on our research.